

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
<b>CLAIMS</b>									
<b>AS FILED</b> IND.    DEP. 1         2         3         4       / 5         6         7         8         9         10        11        12        13        14        15        16        17        18        19        20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	<b>AFTER 1st AMENDMENT</b>		<b>AFTER 2nd AMENDMENT</b>		<b>*</b> IND.    DEP. 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100				
	<b>TOTAL IND.</b>	11				<b>TOTAL IND.</b>			
	<b>TOTAL DEP.</b>	5				<b>TOTAL DEP.</b>			
	<b>TOTAL CLAIMS</b>	16				<b>TOTAL CLAIMS</b>			
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